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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 747

1. PLACE OF DEATH: **GREENE**

(a) County **GREENE**

(b) City or town **SPRINGFIELD MO.**

(c) Name of hospital or institution: **CITY HOSP.**

(d) Length of stay: _____

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **GREENE**

(c) City or town **SPRINGFIELD**

(d) Street No. **2247 Spruce**

(e) If foreign born, how long in U. S. A? 10 years.

3. (a) PRINT FULL NAME **ED WAGNER.**

3. (b) If veteran, name war **Unk.**

3. (c) Social Security No. **Unk.**

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Unk.**

6. (c) Age of husband or wife if alive **Dec.** years

7. Birth date of deceased **Unknown 1863**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **9th** year **1943** hour **12** minute **05 A.** M.

21. I hereby certify that I attended the deceased from **Aug. 21** 19**43** to **Sept. 8** 19**43** that I last saw him alive on **Sept. 8** 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency**

Duration **3** Weeks

8. AGE: Years **82** Months **Unk.** Days **Unk.** If less than one day hr. _____ min. _____

Due to **Arterial Sclerosis** Years

9. Birthplace **Unk. Iowa**

Other conditions **9503**

10. Usual occupation **Laborer**

Major findings: Of operations _____

11. Industry or business **Retired Laborer**

Of autopsy _____

12. Name **Unknown**

13. Birthplace **Unk. Unknown**

14. Maiden name **Unk. Unknown**

15. Birthplace **Unk. Unknown**

16. (a) Informant **A.E. Baw**

(b) Address **GREENE Co. MO.**

17. (a) (b) Date thereof **Sep 11 - 1943**

(c) Place: burial or cremation **Green Lawn Cem.**

18. (a) Signature of funeral director **J. W. Klingner Co.**

(b) Address **Springfield, MO.**

19. (a) **9-9-43** (b) **Dr. W. H. Handley**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature **Ed Wagner** M. D. or other _____

Address **Springfield, Mo.** Date signed **9-9-43**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9
2
6

MOTHER FATHER

987

(Licensed Embalmer's Statement on Reverse Side)

2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. 4071

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.